FOR INSTRUCTIONS, SEE BACK OF FORM			FORM
DISCLOSURE SUMMARY PAG	SE Reset I	orm	DR-2 DISCLOSURE
COMMITTEE NAME (Must be same as on Statement of Orga	anization)		(Rev. 07/2003) REPORT
Alicia Claypool for Iowa Senate			For Office Use Only Comm. #1506
IMPORTANT: Indicate type of committee you are reporting for:		_	Logged InSW 77 (Class)
(1)Statewide/Legislative Candidate (2)Statewide PAC (3)State Party (5)County PAC (6)Ballot Issue/Franchise Committee (7)County/City	(4)County/Local Candidate Central Committee		Scanned
CANDIDATE COMMITTEES ONLY:			EHECE & CALENON
Candidate Name	Political Party		DISCLOSURIE BOARD
Alicia P. Claypool	Democratic		many 1 o 2004
Office Sought	District (if Senate or Hous	e)	MAY 1 8 2004
State Senate	Thirty	´	$H\Omega$
The OR O'			ED 1
Sliamus . Buston Jame	(515) 223	-466	5-18-04
SIGNATURE OF TREASURER (or person) filing this report)			DATE SIGNED
Late filed reports are subject t	o possible civil and c	riminal	l penalties.
SEE INSTRUCTIONS ON BACK AND COMPLETE TH	E FOLLOWING SENTEN	ICE:	
I AM FILING A May 19, 2004	REPORT FOR AN/A (1) E	LECTIO	N /(2)NON-ELECTION YEAR.
(report date)	Indicate one 1		
CHECK IF AMENDMENT TO REPORT DATED		Local (Committees, enter Date of Election
· .			,
Check if this is final (termination) report and attach Notice of			& Local Committees, enter County in
(You must continue to file reports until a Notice of Dis	solution is filed.)	Wnich	Election is held
STATEMENT	OF CASH ON HAND		
CASH ON HAND at the beginning of the reporting period. (Thi	s is the total of all monies he	eld	
by the committee. This amount MUST be the same a of the last reporting period, or must be zero if this is fill	s the cash on hand at the ei	nd	\$ 16,607.53
ADD TOTAL MONEY TAKEN IN THIS PERIOD			
Schedule A: Cash Contributions total (Attach Schedu	le A) (*also see in-kind belo	w)	
Schedule F: Loans Received total (Attach Schedule I	=)		·
Schedule H: Total Sales of Campaign Property (Attac	ch Schedule H)		0-
(Schedule H applies to Candidates' Comn	nittees Only)		
	SUB-TO	DTAL	\$ 35,693.53
SUBTRACT TOTAL MONEY SPENT THIS PERIOD			11 407 66
Schedule B: Expenditures total (Attach Schedule B) (**also see debts and loans l	below)	
Schedule F: Loan Repayments total (Attach Schedule	∍ F)		0-
CASH ON HAND at the end of this reporting period (if final reporting			24,205.88
be zero) (Attach DR-3)		•••••	\$
**UNPAID BILLS (From Schedule D - Attach Schedule D)			\$ -0-
*IN KIND CONTRIBUTIONS (From Schedule E - Attach Sched	lule E)		\$ 530.40
**OUTSTANDING LOANS (From Schedule F - Attach Schedul	e F)		\$ -0-
CANDIDATE COMMITTEES ONLY:			
CONSULTANT BREAKDOWN (Schedule G Attached?)			YES NO
VALUE OF CAMPAIGN PROPERTY (From Schedule H - Attac	ch Schedule H)		\$

CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)	(Rev. 07/03)	RECEIPTS
COMMITTEE NAME (Must be same as on Statement of Organization) Alicia Claypool for Iowa Senate		CK THIS BOX IF NDING FORM
Thick Citypool for lowa Schate		

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

CAUTION: Section 68B.32A(6), lowa Code, prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

NUMBER ID# Marjorie H. Schultz 3409 Locust Des Moines, Ia50265-4033 ID# Roger J. Juhle One Corporate Place, Ste. 110 West Des Moines, Ia 50266 ISEA-PAC 777 3rd Street Des Moines, Ia 50309 ID# Sharon K. Malheiro 3514 SW 33rd Street Des Moines, Ia 50321 ID# Randi McLaughlin-Tank 5506 Beechwood Terrace West Des Moines, Ia 50266-6620 ID# Patrick Carpenter 300 Walnmut Street, Suite 270 Des Moines, Ia 50309 ID# Crawford Law Firm Gevald 1701 Ruan Center Des Moines, Ia 50309 ID# Crawford Law Firm Gevald 1701 Ruan Center Des Moines, Ia 50309 ID# Initia Adams Jehreton Julia Julia Adams Jehreton Julia 309 Marcourt Ln West Des Moines, Ia 50266-4943 ID# HISPANICS PAC Post Office Box 536 Des Moines, Ia 50302	BUTOR RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	√ IF FOR FUND- RAISER
CK# CK#		\$50	INCOME
13027 1302		150	
Sharon K. Malheiro 3514 SW 33rd Street Des Moines, Ia 50321		2500	
CK# Sold Beechwood Terrace West Des Moines, Ia 50266-6620 28		100	
101/36/04 CK# 300 Walnmut Street, Suite 270 Des Moines, Ia 50309 10# Crawford Law Firm Gevald 1701 Ruan Center Des Moines, Ia 50309 10# Julia Adams Johnston Julia 4309 Marcourt Ln West Des Moines, Ia 50266-4943 10# HISPANICS PAC		100	
1701 Ruan Center Des Moines, Ia 50309 ID# Julia Adams Johnston, Julia 4309 Marcourt Ln West Des Moines, Ia 50266-4943 ID# HISPANICS PAC		1000	
28 01/36/04 CK# CK# 4309 Marcourt Ln West Des Moines, Ia 50266-4943 HISPANICS PAC		1000	
HISPANICS PAC		35	
2051 Des Moines, Ia 50302	·	250	
O1/36/04 ID# Richard Dale Taylor 2721 31st Street SW Cedar Rapids, Ia 52404		100	
	SUB-TOTAL	\$ ⁵²⁸⁵	

* Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage) . If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

(for Schedule A)

SCHEDULE

MONETARY

CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)	<u> </u>
,	CHECK THIS BOX IF
COMMITTEE NAME (Must be same as on Statement of Organization)	AMENDING FORM
Alicia Claypool for Iowa Senate	

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DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	√ IF FOR FUND- RAISER INCOME
28 01/ 30 /04	ID# CK#	Cristina Kuhn 1005 NE 24th Ct Ankeny, Ia 50021		\$50	
01/ 50/ 04	ID# CK#	Kathryn Wagner Wallace 639 57th Street Des Moines, Ia 50312		100	
28 01/ 30 /04	ID# CK#	Robert Osterhaus 216 Austin Ave Maquoketa, Ia 52060-2802		100	
01/ 30 /04	ID# CK#	Jill P. June 2546 NW 84th Avenue Akeny, Ia 50021		100	
29 01/ 30 /04	ID# CK#	Dian L. Meek 120 34th Street Des Moines, Ia 50312		50	
28 01/ 30 /04	ID# CK#	Wayne E. Shoemaker 3423 48th Place Des Moines, Ia 50310		100	
01/ 30 /04	ID#	Dawn Taylor 31 52nd Street Des Moines, Ia 50312		100	
01/ 38 /04	ID# CK#	Philip Stoffregen 4150 Greenwood Drive Des Moines, Ia 50312-2826		75	
2§ 01/ 30 /04	ID# CK#	Max E. Kirk 3324 Big Woods Road Cedar Falls, Ia 50613-7612		50	
28 01/ 30 /04 6,151	ID# CK#	John T. Leary 1116 Lafarge Louisville, Co. 80027		50	
	<u> </u>	· · · · · · · · · · · · · · · · · · ·	SUB-TOTAL	\$ ⁷⁷⁵	

TOTAL (if last page of this schedule)

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SCHEDULE

(Rev. 07/03)

MONETARY

RECEIPTS

^{*} Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

CONTRIBUTIONS - MONEY TAKEN IN

(Including candidate's personal funds)	
	CHECK THIS BOX IF
COMMITTEE NAME (Must be same as on Statement of Organization)	AMENDING FORM
Alicia Claypool for Iowa Senate	
	·

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DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	√ IF FOR FUND- RAISER INCOME
01/ 30 /04	ID# CK#	Jagtar Singh 5308 Meadow Pl West Des Moines, Ia 50266		\$101	
28 01/ 30 /04	ID# CK#	Ann Robb 925 E. Adams Riverton, Il 62561	mother-in-law	50	
28 01/ 30 /04	ID# CK#	Barbara Madden-Bittle 3801 Greenbranch Dr. West Des Moines, Ia 50265		100	
28 01/ 30 /04	ID# CK#	Linda Goeldner 4038 Kingman Blvd. Des Moines, Ia 50311		30	
38 01/ 30 /04	ID# CK#	Jean M. Davis 4303 Harwood Drive Des Moines, Ia 50312-2319		100	
01/30/04	ID# CK#	W.C. Knapp Revocable Trust 5000 Westown Parkway, Ste 100 Wesst Des Moines, Ia 50266		200	
01/30/04	ID# CK#	W.C. Knapp Revocable Trust 5000 Westown Parkway, Ste 100 West Des Moines, Ia 50266		200	
21/30/04 02/03/04	ID# CK#	Steve Copple 5781 Gallery Court West Des Moines, Ia 50266		100	
01/30/04	ID# CK#	Karen Muelhaupt 2701 South Woodridge Dr. West Des Moines, Ia 50265		100	
01/30/04	ID# CK#	Susan Noel Graves 132 Strawberry Meadow Teaticket, Ma 02536-5863		30	
	L.,	TOTAL (if last pa	SUB-TOTAL age of this schedule)	\$ 1011 \$	

marriage). If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

__ of _ (for Schedule A)

SCHEDULE

(Rev. 07/03)

MONETARY

RECEIPTS

CONTRIBUTIONS - MONEY TAKEN IN

(including candidate's personal funds)			
,		☐ CHE	CK THIS BOX IF
COMMITTEE NAME (Must be same as on Statement of Organization)	·	AME	NDING FORM
Alicia Claypool for Iowa Senate			

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DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	√ IF FOR FUND- RAISER INCOME
30 01/ 31 /04	ID# CK#	Scott Hartsook 1134 38th St. Des Moines, Ia 50311		\$100	
30 01/ 31 /04	ID# CK#	Dennis Groenenboom 1134 38th Street Des Moines, Ia 50311		100	
01/30/04 02/03/04	ID#	L.C. Phelan 416 100th Ave. Lot 11 Norwalk, Ia 50211-9133		250	
02/02/04 02/02/04	ID# CK#	Mark Truesdale 321 E. Walnut, Suite 200 Des Moines, Ia 50309		30	
01/30/04 02/03/04	ID# CK#	Elizabeth A. Goodwin 3930 Grand Ave Apt. 206 Des Moines, Ia 50312-3520		250	
0i/3c/04 02/02/04	ID# CK#	David D. Grossklaus 4829 Coachlight West Des Moines, Ia 50265-2033		100	
01/30/04	ID# CK#	Robert L. Tatge 313 49th St. Des Moines, Ia 50312-2507		100	
30 01/ 31 /04	ID# CK#	Raymond C. Clark 135 Bel Aire Drive Waukee, Ia 50263		100	
01/30/04	ID# CK#	Antonio Colacino 4645 Elm St. West Des Moines, Ia 50265		50	
01/31/04 02/02/04	ID# CK#	Patrick Moran 6615 Sunset Terrace Des Moines, Ia 50311		100	
			SUB-TOTAL	\$_ ¹¹⁸⁰	
		TOTAL (if last pag	ge of this schedule)		1

* Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

of (for Schedule A)

SCHEDULE

(Rev. 07/03)

MONETARY

RECEIPTS

CONTRIBUTIONS - MONEY TAKEN IN

(Including candidate's personal funds)	(Rev. 07/03)	RECEIPTS
COMMITTEE NAME (Must be same as on Statement of Organization)		CK THIS BOX IF NDING FORM
Alicia Claypool for Iowa Senate		

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DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	√ IF FOR FUND- RAISER INCOME
01/21/04 02/03/04	ID# CK#	John Holveck, Jr. 2007 47th Street Des Moines, Iowa 50310		\$100	
01/31/04 02/03/04	ID# CK#	Jean Nelson 4004 John Lynde Road Des Moines, Ia 50312		50	
01/31/04 02/03/04	ID# CK#	Mary T. Gannon 4705 Beaver Crest Drive Des Noines, Ia 50310		50	
01/31/04 02/02/04	ID# CK#	Gail H. Stubbs 5605 Waterbury Road Des Moines, Ia 50312		50	
01/31/04 02/03/04	ID# CK#	Burtwin L. Day PO Box 293 Norway, Ia 52318		100	
02/ 05/ 04	ID# CK#	Debra Feintech 413 38th Place Des Moines, Ia 50312		200	
01/31/04	ID# CK#	Virginia A Akins 20060 Seagrove St. Unit 1803 Estero, Fl 33928-7630	sister	50	
02/03/04 02/03/04	ID# CK#	Gustav C. Nelson 1141 Cummins Circle Des Moines, Ia 50311		50	
01/31/04 02/02/04	ID# CK#	Sarah A. Claypool 5754 Gallery Court West Des Moines, Ia 50266	daughter	50	
01/31/04	ID# CK#	David J. Brummond 11711 Flemish Mill Rd. Oakton, Va 22124		30	
			SUB-TOTAL age of this schedule)	\$ 730 \$	
committee. Relati marriage). If sur	onship must be shown to t name of contributor is the	ees to disclose the relationship of any relative making a contrib he third degree of consanguinity (blood relatives) and affinity (r e same as candidate, but there is no in the relationship column.	ution to the relatives by Paç	5 ge of	3

familial relationship, enter "not applicable" in the relationship column.

(for Schedule A)

SCHEDULE

MONETARY

CONTRIBUTIONS -- MONEY TAKEN IN

(including candidate's personal funds)

(motioning carionalies a personal runus)	
COMMITTEE NAME (Must be same as on Statement of Organization)	CHECK THIS BOX IF
Alicia Claypool for Iowa Senate	

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DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	√ IF FOR FUND- RAISER INCOME
02/02/04	ID# CK#	Thomas Nelson Urban Jr. 5320 Grand Ave. Des Moines, Ia 50312-2124		\$500	
ين 02/ 03 /04	ID# CK#	Alvin H. Kirsner 3131 Fleur Drive, Apt. 807 Des Moines, Ia 50321		200	
02/02/04 01/30/04	ID# CK#	Janet L. Robb 7620 Morningside Dr. NW Washington, D.C.	sister-in-law	200	
28 02/ 04 /04	ID#	Emily A. Rogers 1054 Belle Mar Dr. West Des Moines, Ia 50266		50	
OQ 02/ 04 /04	ID# CK#	David S. Brown 2021 Bates Ave. Springfield, II 62704		50	
22 02/ 05 /04	ID# CK#	Barbara M. Leach 610 Constitution Ave.N.E. Washington, D.C.		50	
02/ 93 /04	ID#	Mitzi Brown 2733 Meadow Point Ct. West Des Moines, Ia 50265		75	
2/02/04 11/30/04	ID# CK#	D.L. Briles 3501 SW 33rd Street Des Moines, Ia 50321		100	
02 02/ 03 /04	ID# CK#	Margaret J. Scott 3521 Franklin Avenue Des Moines, Ia 50310		80	
02 02/ 04 /04	ID#	Chip Lowe 4320 Woodland Ave. Des Moines, Ia 50312		500	
		TOTAL (if last pa	SUB-TOTAL ge of this schedule)	\$ ¹⁸⁰⁵	

marriage). If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

_ of _* Page _ (for Schedule A)

SCHEDULE

(Rev. 07/03)

MONETARY

RECEIPTS

CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)	(Rev. 07/03)	RECEIPTS
COMMITTEE NAME (Must be same as on Statement of Organization)		CK THIS BOX IF NDING FORM
Alicia Claypool for Iowa Senate		

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DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	√ IF FOR FUND- RAISER INCOME
62 02/ 84 /04	ID# CK#	Catherine H. Engel 907 27th Street West Des Moines, Ia 50265		\$50	
02/ 64 /04	ID# CK#	Jack Hatch 1623 Woodland Avenue Des Moines, Ia 50309-3215		150	
02/02/04	ID# CK#	Charles Bruner 1148 Oklahoma Ames, Ia 50014		100	
02/02/04	ID# CK#	Kerrie Plummer 5919 Northview Drive West Des Moines, ia 50266		200	
02 02 /03 /04	ID# CK#	Robert G. Tully 4315 Greenwood Dr. Des Moines, Ia 50312		250	
02 / 04 /04	ID# CK#	Mary D. Josten 4316 Grand Ave. #8 Des Moines, Ia 50312		40	
02/02/04	ID#	Stanley Richards 3000 SW 37th St. Des Moines, Ia 50321		100	
22 02/ 04 /04	ID# CK#	Sidney Ramsey Sidney Ramsey 4314 Forest Avenue Des Moines, Ia 50311		200	
02/02/04 01/30/04	ID# CK#	Robert A. Burnett, Jr. 300 Walnut St. Suite 270 Des Moines, Ia 50309		200	
02/ 03 /04	ID# CK#	Georgia Helmick 300 Walnut #75 Des Moines, Ia 50309		250	
		TOTAL (if last pa	SUB-TOTAL age of this schedule)	\$ ¹⁵⁴⁰	
committee. Relati marriage). If sur	onship must be shown to t name of contributor is the	ees to disclose the relationship of any relative making a contrib the third degree of consanguinity (blood relatives) and affinity (re- as ame as candidate, but there is no	oution to the relatives by	7 geof_] }

familial relationship, enter "not applicable" in the relationship column.

(for Schedule A)

SCHEDULE

MONETARY

CONTRIBUTIONS - MONEY TAKEN IN

(Including candidate's personal funds)

(including candidate's personal funds)	
	☐ CHECK THIS BOX IF
COMMITTEE NAME (Must be same as on Statement of Organization)	AMENDING FORM
Alicia Claypool for Iowa Senate	
term and the second sec	

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02/ 05 /04 CI 02/ 03 /04 CI 02/ 03 /04 CI 02/ 04 /04 CI 02/ 07 /04 CI ID	D# CK# D# CK# D# CK# D# CK#	Jean Haugland 6750 School St., Unit1402 Des Moines, Ia 50311 Melodee J. Pomerantz 14050 Lakeview Drive Clive, Ia 50325 Gayle Collins 100 Market Street Des Moines, Ia 50309 Tom Drew 554 28th St.		\$ ₁₀₀	INCOME
02/ 03 /04 CH 02/ 04 /04 CH 02/ 04 /04 CH 1D 02/ 07 /04 CH	D# CK# D#	14050 Lakeview Drive Clive, Ia 50325 Gayle Collins 100 Market Street Des Moines, Ia 50309 Tom Drew 554 28th St.			
02 /04 /04 CH 02 /07/ 04 CH ID	CK# D# CK#	100 Market Street Des Moines, Ia 50309 Tom Drew 554 28th St.		100	
02/ 97 /04 CH	CK#	554 28th St.		+	
	D# 1	Des Moines, Ia 50312-9403		50	
02/ 95 /04 CH	CK#	A.R. Baird 3819 Park Lane, SW Roanoke, Va 24015		50	
02/07/04	D# CK#	Nedra M. Wicks 1206 Mount Curve Ave Minneapolis, Mn. 55403-1058		50	
03	D# CK#	Margaret Weiss 4819 Waterbury Rd. Des Moines, Ia 50312		50	
05		Chester J. Culver 1217 16th Street West Des Moines, Ia 50265		250	
02/ 07 /04 Cr		Bret Mills 5360 NW Burr Oaks Dr. Johnston, Ia 50131		50	
02/ 96/ 04 CH	·V#	Faith V. Ferre 3852 N.W. 90th Place Polk City, Ia 50226-2072		100	
		TOTAL (if last pages to disclose the relationship of any relative making a contribu	SUB-TOTAL ge of this schedule)	\$ ⁹⁰⁰	

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Page 8 of Of Office (for Schedule A)

SCHEDULE

(Rev. 07/03)

MONETARY

RECEIPTS

CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

(including candidate's personal runds)	
COMMITTEE NAME (Must be same as on Statement of Organization)	CHECK THIS BOX IF
Alicia Claypool for Iowa Senate	

SCHEDULE

(Rev. 07/03)

MONETARY

RECEIPTS

Reset Form

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

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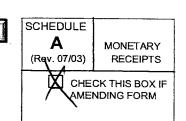
DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	√ IF FOR FUND- RAISER
02/05/04	ID# CK#	Thomas L. Slater 118 Northwood Road Des Moines, ia 50312-4432		\$100	INCOME
02/ 96 /04	ID# CK#	Marcia Nichols 5917 Greendale Place # 203 Johnston, Ia 50131		50	
02/ 06 /04	ID# CK#	Virginia Petersen 6012 Terrace Dr. Johnston, Ia 50131-1591		100	
02/ 96 /04	ID# CK#	Susan Hardesty 2 Heritage Drive Springfield, Il 62707-8014		50	
02/06/04	ID# ₆₀₆₀ CK# ₂₂₁₄	Iowa Comm on Political Education, AFL-CIO 2000 Walker, Suite A Des Moines, ia 50317		400	
<i>ලපී</i> 02/ 05 /04	ID# CK#	Margaret M. Weiss 4819 Waterbury Rd. Des Moines, Ia 50312		50	
<i>03</i> 02/ 06 /04	ID# CK#	William C. Knapp II 5521 NW 70th Pl Johnston, Ia 50131-1254		100	
9 02/ 41 /04	ID# CK#	Connie Wimer 100 4th Street Des Moines, ia 50309		250	
クサ 02/ 96 /04	ID# CK#	William C. Knapp 5000 Westown Parkway, Ste 100 West Des Moines, ia 50266		300	
Q3 02/ 06 /04	ID# CK#	Gerald R. Neugent 5000 Westown Parkway., Ste. 100 West Des Moines, Ia 50266		100	
		TOTAL (if last pag	SUB-TOTAL ge of this schedule)	\$ 1500 \$	
marriage). If sur	onship must be shown to the name of contributor is the	ses to disclose the relationship of any relative making a contribut ne third degree of consanguinity (blood relatives) and affinity (rel s same as candidate, but there is no in the relationship column.	ion to the latives by Pag	9 1	3 2 A)

CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

COMMITTEE NAME (Must be same as on Statement of Organization)

Alicia Claypool for Iowa Senate



Reset Form

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

CAUTION: Section 68B.32A(6), lowa Code, prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	√ IF FOI FUND- RAISER INCOME
02 /05 /04	ID#	Thomas L. Slater 118 Northwood Road Des Moines, ia 50312-4432		\$100	
23 02/ 96 /04	ID# CK#	Marcia Nichols 5917 Greendale Place # 203 Johnston, Ia 50131		50	
<i>ය3</i> 02/ 96 /04	ID# CK#	Virginia Petersen 6012 Terrace Dr. Johnston, Ia 50131-1591		100	
02/ 96 /04	ID# CK#	Susan Hardesty 2 Heritage Drive Springfield, Il 62707-8014		50	
02/06/04	ID# ₆₀₆₀ CK# ₂₂₁₄	Iowa Comm on Political Education, AFL-CIO 2000 Walker, Suite A Des Moines, ia 50317		400	
<i>ලපී</i> 02/ 95 /04	ID#	Margaret M. Weiss 4819 Waterbury Rd. Des Moines, Ia 50312		50	
03 02/ 06 /04	ID# CK#	William C. Knapp II 5521 NW 70th Pl Johnston, Ia 50131-1254		100	
명 02/ 11 /04	ID# CK#	Connie Wimer 100 4th Street Des Moines, ia 50309		250	
උප 02/ 96 /04	ID# CK#	William C. Knapp 5000 Westown Parkway, Ste 100 West Des Moines, ia 50266		300	
Q3 02/ 06 /04	ID# CK#	Gerald R. Neugent 5000 Westown Parkway., Ste. 100 West Des Moines, Ia 50266		100	
treasur	rev 6.25.	he Feb. 3, per e-Mail Of TOTAL (if last page) es to disclose the relationship of any relative making a contribution	ĺ	\$ 1500 \$	2

* Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

Page _____ of ____ (for Schedule A)

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CONTRIBUTIONS - MONEY TAKEN IN

(including candidate's personal funds)	
	☐ CHECK THIS BOX IF
COMMITTEE NAME (Must be same as on Statement of Organization)	AMENDING FORM
Alicia Claypool for Iowa Senate	

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

CAUTION: Section 68B.32A(6), lowa Code, prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	√ IF FOR FUND- RAISER INCOME
<i>18</i> 02/ 22/ 04	ID#	Robert E. Dvorsky 412 6th Street Coralville, Ia 52241		\$50	
01/29/04	ID# CK#	Dwight W. James 114 30th Street Des Moines, Ia 50312		150	
01/29/04 02/02/04	ID# CK#	Joseph Cerne 536 Valley West Court West Des Moins, ia 50265		100	
01/24/04 02/02/04	ID# CK#	Allan Kniep 825 Southbranch Drive Waukee, Ia 50263		100	
01 27/04 02/02/04	ID# CK#	Jonathon C. Wilson 2924 Druid Hill Dr. Des Moines, Ia 50315		100	
0 /29/04 07/02/04	ID# CK#	Mary A. Nelson 4105 Timberwood Drive West Des Moines, Ia 50265		500	
01/30/04	ID# CK#	Philip Wise 503 Grand Ave. Keokuk, Ia 52632		50	
0/24/04 0/20/201	ID# CK#	Arden L. Borgen 2504 Foster Drive Des Moines, Ia 50312-5410		300	
29 91/ 91 /04	ID# CK#	Holmes Foster Holmes, Foster 13621 Bay Hill Drive Des Moines, Ia 50325		300	
2/29/04 2/02/04	ID# CK#	Frances S. Fleck 2304 Ridgewood Dr. West Des Moines, Ia 50265-5700		100	
		TOTAL (if last pages to disclose the relationship of any relative making a contribute	SUB-TOTAL ge of this schedule)	\$ 1750 \$	

committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

Page 10 of (for Schedule A)

SCHEDULE (Rev. 07/03)

MONETARY RECEIPTS

Reset Form

SCHEDULE

(Rev. 07/03)

MONETARY

RECEIPTS

CONTRIBUTIONS - MONEY TAKEN IN

(Including candidate's personal funds)

(including candidate's personal runds)	
COMMITTEE NAME (Must be same as on Statement of Organization)	CHECK THIS BOX IF
Alicia Claypool for Iowa Senate	, WENDING FORWI

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

CAUTION: Section 68B.32A(6), lowa Code, prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	√ IF FOR FUND- RAISER INCOME
29 01/ 30 /04	ID#	John Whitaker 32500 145th Street Hillsboro, Ia 52630		\$50	
24 01/ 30 /04	ID# CK#	Kristin Maahs Fallon 1321 8th Street Des Moines, Ia 50314		50	
01/29/04 02/02/04	ID# CK#	Linda J. Taylor 1908 NW 126th Street Clive, Ia 50325		100	
01/29/04 02/03/04	ID# CK#	Janet E. Parker 686 63rd Street Des Moines, Ia 50312		100	
61/29/04 02/02/04	ID#	Phyllis Pearson 3304 Parkhaven Drive West Des Moines, Ia 50265		100	
01/29/04	ID#	Shiela K. Tipton 13074 Lincoln Ave. Clive, Ia 50325-7413		200	
01/29/04	ID#	JohnCacciatore 1700 Casady Drive Des Moines, Ia 50315		75	
27 01/ 30 /04	ID# CK#	William D. Olson 112 Tamarisk Dr. Springfield, II 62704-3156		50	
29 01/ 30/ 04	ID# CK#	De Ann R. Kultala 2441 Grand Ave. Keokuk, Ia 52632		150	
01/29/04	ID# CK#	Mary Long 9 Sycamore Lane Springfield, Il 62707-8913	husband's	100	
		TOTAL (if last no	SUB-TOTAL	\$ ⁹⁷⁵	
* Disclosure law re	equires candidate committe	ees to disclose the relationship of any relative making a contrib	•	\$] 1 3

^{*} Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

Page _____ of ____

A **MONETARY CONTRIBUTIONS -- MONEY TAKEN IN** (Rev. 07/03) **RECEIPTS** (Including candidate's personal funds) CHECK THIS BOX IF COMMITTEE NAME (Must be same as on Statement of Organization) AMENDING FORM Alicia Claypool for State Senate

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

CAUTION: Section 68B.32A(6), lowa Code, prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	√ IF FOR FUND- RAISER INCOME
01/29/04	ID# CK#	Mary J. McHugh 1420 S. Lincoln Springfield, Il 62704-3441	husbands	\$150	INCOME
01/29/04	ID# CK#	James M. Early 4100 Quail Park Dr. West Des Moines, Ia 50265		250	
01/29/04	ID# CK#	Kathy Lee Reilly 2312 40th Place Des Moines, Ia 50310-3934		200	
01/29/04	ID# CK#	Donna J. Hollinga 9786 Wics Road Dawson, Il 62520-3066	sister-in-law	50	
01/29/04	ID# CK#	Roger J. McReynolds 1001 N. Broadway Street Joliet, Il 60435		50	
01/29/04	ID# CK#	Patrice M. Sayre 833 SE Trilein Ankeny, Ia 50021		50	
03/22/04	ID# CK#	Susan Knapp 1610 Burr Oaks Rd. West Des Moines, Ia 50266		200	
01/30/04	ID# CK#	Oren Peterson 3832 Cottage Grove Des Moines, Ia 50311-3606		50	
02/01/04	ID# CK#	Laura Sands 2922 37th Street Des Moines, Ia 50310		30	
01/30/04	ID# CK#	anonymous cash contribution		100	
	<u> </u>	<u> </u>	SUB-TOTAL	\$ ¹¹³⁰	
		TOTAL (if last pa	ge of this schedule)	_ -	

* Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). If surname of contributor is the same as candidate, but there is no

familial relationship, enter "not applicable" in the relationship column.

(for Schedule A)

SCHEDULE

CONTRIBUTIONS — MONEY TAKEN IN (Including candidate's personal funds)	A (Rev. 07/03)	MONETARY RECEIPTS
COMMITTEE NAME (Must be same as on Statement of Organization)		CK THIS BOX IF NDING FORM
Alicia Claypool for Iowa Senate		

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

CAUTION: Section 68B.32A(6), lowa Code, prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER		RELATIONSHIP O CANDIDATE* (if applicable)	AMOUNT RECEIVED	√ IF FOI FUND- RAISER INCOME
	ID#	Unitemized contributions received between			
	CK#	01/27/04 and 05/17/04.		\$505	
	ID#				
	CK#				
	ID#				
	CK#		:		
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		S	UB-TOTAL	\$ ⁵⁰⁵	
		TOTAL (if last page of	this schedule)	\$ 19086	

marriage). If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

13 13 ____ of ___ Page_ (for Schedule A)

SCHEDULE

Reset Form	-	

EXPENDITURES - MONEY SPENT FROM COMMITTEE ACCOUNT

STATE PAC COMMITTEES: NOTE: FOR CONTRIBUTIONS MADE TO STATEWIDE OR LEGISLATIVE CANDIDATES, LIST THE CANDIDATE IDENTIFICATION NUMBER IN THE DESIGNATED COLUMN AND THE PAC CHECK NUMBER FOR EACH EXPENDITURE. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS & CAMPAIGN DISCLOSURE BOARD.

SCHEDULE B (Rev. 07/03)	MONETARY EXPENDITURES
	CK THIS BOX IF

COMMITTEE NAME (Must be same as on Statement of Organization)

Alicia Claypool for Iowa Senate

DATE EXPENDED	CANDIDATE ID NUMBER (if applicable)	NAME AND ADDRESS TO WHOM EXPENDITURE (Disbursement) WAS MADE	PURPOSE (DESCRIBE TRANSACTION)	AMOUNT EXPENDED
(MM/DD/YR)	AND PAC CHECK NUMBER			
01/30/04	ID# CK#	MAILTECH INC PO Box 7266 Des Moines, Ia 50309	letter shop / mail services computer services	\$ ^{1205.65}
01/30/04	ID# CK#	Des Moines Radio Corp 1416 Locust Street Des Moines, Ia 50309	radio advertising	2459.90
o1/30/04	ID# CK#	Polk Conty Auditor 111 Court Avenue Des Moines, Ia 50309	voter list	100
01/30/04	ID# CK#	Des Moines Register 715 Locust Street Des Moines, Ia 50309	advertising retail	400
01/30/04	ID# CK#	Dahl's 55003 E.P. True Parkway West Des Moines, I a 50265	450 postage stamps	166.50
02/02/04	ID# CK#	Nick Menner 4018 E. auth Ct. Des Moines, Ia 50317	campaign worker	200
02/02/04	ID# CK#	Vanessa Myers 4018 E. 24th Ct. Des Moines, Ia 50317	campaign worker	200
02/03/04	ID# CK#	Keely Wolter 701 35th Street Des Moines, In 50312	campaign worker	450
	· · · · · · · · · · · · · · · · · · ·		SUB-TOTAL	\$ 5182.05
			TOTAL (if last page of this schedule)	\$

THIS BOX APPLIES TO CANDIDATES' COMMITTEES ONLY:

Purchases of certain campaign property costing \$500 or more must also be inventoried on Schedule H. (Refer to Schedule H instructions.)

Expenditures to persons/entities providing consulting, advertising, fund-raising, polling, managing, organizing services must also be detail itemized on Schedule G by the amount, purpose, and date of each type of expenditure made by the person/entity on behalf of the candidate's committee. (Refer to Schedule G instructions and lowa Code 68A.402(3)(i).)

Page	1	of 2	4
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EXPENDITURES - MONEY SPENT FROM COMMITTEE ACCOUNT

STATE PAC COMMITTEES: NOTE: FOR CONTRIBUTIONS MADE TO STATEWIDE OR LEGISLATIVE CANDIDATES, LIST THE CANDIDATE IDENTIFICATION NUMBER IN THE DESIGNATED COLUMN AND THE PAC CHECK NUMBER FOR EACH EXPENDITURE. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS & CAMPAIGN DISCLOSURE BOARD.

SCHEDULE B (Rev. 07/03)	MONETARY EXPENDITURES
	CK THIS BOX IF

COMMITTEE NAME (Must be same as on Statement of Organization)

Alicia Claypool for Iowa Senate

DATE EXPENDED (MM/DD/YR)	CANDIDATE ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS TO WHOM EXPENDITURE (Disbursement) WAS MADE	PURPOSE (DESCRIBE TRANSACTION)	AMOUNT EXPENDED
02/03/04	ID# CK#	Melodie Demulling 701 35th Street Des Moines, Ia 50312	Campaign worker	\$ ⁴⁵⁰
02/03/04	ID# CK#	West Bank 1601 22nd Street West Des Moines, Ia 50266	printing checks for Committee bank account	11.25
02/10/04	ID# CK#	MAILTECH PO Box 7266 Des Moines, Ia 50309	letter shop / mail services computer services	472.31
02/10/04	ID# CK#	Carter Printing 1739 E. Grand Des Moines, Ia 50316	2500 ballot requests	472.76
02/10/04	ID# CK#	Carter Printing 1739 E. Grand Des Moines, Ia 50316	7500 postcards	477
02/10/04	ID# CK#	Radio Garage Productions 4800 Corporate Dr. West Des Moines, Ia 50266	radio commercial	110
02/10/04	ID# CK#	Landmark Strategies, Inc. 6225 Brandon Avenue, Suite 305 Springfield, Va. 22150	automated telephoning	519.63
02/11/04	ID# CK#	Cafe Su 225 5th Street West Des Moines, Ia 50265	food / refreshments election night party	1141.50
	<u> </u>		SUB-TOTAL TOTAL (if last page of this schedule)	\$ 3654.45 \$

THIS BOX APPLIES TO CANDIDATES' COMMITTEES ONLY:

Purchases of certain campaign property costing \$500 or more must also be inventoried on Schedule H. (Refer to Schedule H instructions.)

Expenditures to persons/entities providing consulting, advertising, fund-raising, polling, managing, organizing services must also be detail itemized on Schedule G by the amount, purpose, and date of each type of expenditure made by the person/entity on behalf of the candidate's committee. (Refer to Schedule G instructions and Iowa Code 68A.402(3)(i).)

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EXPENDITURES -- MONEY SPENT FROM COMMITTEE ACCOUNT

STATE PAC COMMITTEES: NOTE: FOR CONTRIBUTIONS MADE TO STATEWIDE OR LEGISLATIVE CANDIDATES, LIST THE CANDIDATE IDENTIFICATION NUMBER IN THE DESIGNATED COLUMN AND THE PAC CHECK NUMBER FOR EACH EXPENDITURE. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS & CAMPAIGN DISCLOSURE BOARD.

SCHEDULE B (Rev. 07/03)	MONETARY EXPENDITURES
	CK THIS BOX IF NDING FORM

COMMITTEE NAME (Must be same as on Statement of Organization)

Alicia Claypool for Iowa Senate

DATE EXPENDED	CANDIDATE ID NUMBER	NAME AND ADDRESS TO WHOM EXPENDITURE	PURPOSE (DESCRIBE TRANSACTION)	AMOUNT EXPENDED
(MM/DD/YR)	(if applicable) AND PAC CHECK NUMBER	(Disbursement) WAS MADE		
02/11/04	ID# CK#	Pratt Adio Visual & Video Corp. 200 3rd Ave., S.W. Cedar Rapids, Ia 52404	rental of audio visual equipment	\$ 212.10
03/04/04	ID# CK#	Cathy Jury 2545 Woodland Ct. W. Des Moines, In 50265	reimbursement of cell phone bill and mileage on behalf of campaign	401.25
03/04/04	ID# CK#	Des Moines Register 715 Locust Street Des Moines, Ia 50309	advertising	510
03/08/04	ID# CK#	Julie Stauch 4712 Westwood Drive West Des Moines, Ia 50265	reimbursement for envelopes, staples, printer cartriges and Polk County Auditor's feespurschased on behalf of	231.52
03/09/04	ID# CK#	Alicia Claypool 5754 Gallery Ct. West Des Moines, Ia 50266	reimbursement for cell phone charges related to campaign, labels, envelopes, and stamps	413.22
03/21/04	ID# CK#	Melodie Demulling 701 35th Street Des Moines, Ia 50312	reimbursement for mileage on behalf of campaign @\$.29/mile	33.06
3/23/04	ID# CK#	Iowa Dem. Party Truman Fund 5661 Fleur Drive Des Moines, Ia 50321	contribution	250
04/02/04	ID# CK#	Iowa Democratic Party Truman Fund 5661 Fleur Drive Des Moines, Iowa 50321	contribution	250
			SUB-TOTAL	\$ 2301.15
			TOTAL (if last page of this schedule)	\$

THIS BOX APPLIES TO CANDIDATES' COMMITTEES ONLY:

Purchases of certain campaign property costing \$500 or more must also be inventoried on Schedule H. (Refer to Schedule H instructions.)

Expenditures to persons/entities providing consulting, advertising, fund-raising, polling, managing, organizing services must also be detail itemized on Schedule G by the amount, purpose, and date of each type of expenditure made by the person/entity on behalf of the candidate's committee. (Refer to Schedule G instructions and lowa Code 68A.402(3)(i).)

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EXPENDITURES - MONEY SPENT FROM COMMITTEE ACCOUNT

STATE PAC COMMITTEES: NOTE: FOR CONTRIBUTIONS MADE TO STATEWIDE OR LEGISLATIVE CANDIDATES, LIST THE CANDIDATE IDENTIFICATION NUMBER IN THE DESIGNATED COLUMN AND THE PAC CHECK NUMBER FOR EACH EXPENDITURE. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS & CAMPAIGN DISCLOSURE BOARD.

SCHEDULE B (Rev. 07/03)	MONETARY EXPENDITURES
	CK THIS BOX IF

COMMITTEE NAME	(Must be same as on	n Statement of Organization)
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Alicia Claypool for Iowa Senate

DATE EXPENDED (MM/DD/YR)	CANDIDATE ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS TO WHOM EXPENDITURE (Disbursement) WAS MADE	PURPOSE (DESCRIBE TRANSACTION)	AMOUNT EXPENDED
05/11/04	ID# CK#	Iowa Dem. Party Truman Fund 5661 Fleur Drive Des Moines, Ia 50321	contribution	\$ ²⁵⁰
03/09/04	ID# CK#	State of Iowa General Fund	escheat of anonymous contribtion	100
	ID#			
	CK#			
	ID# CK#			
	ID#			
	CK#			
	ID#			
	CK#			
	ID# CK#			
	ID#			
	CK#			
			SUB-TOTAL	\$ 350
			TOTAL (if last page of this schedule)	\$ 11487.65

THIS BOX APPLIES TO CANDIDATES' COMMITTEES ONLY:

Purchases of certain campaign property costing \$500 or more must also be inventoried on Schedule H. (Refer to Schedule H instructions.)

Expenditures to persons/entities providing consulting, advertising, fund-raising, polling, managing, organizing services must also be detail itemized on Schedule G by the amount, purpose, and date of each type of expenditure made by the person/entity on behalf of the candidate's committee. (Refer to Schedule G instructions and Iowa Code 68A.402(3)(i).)

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OR INSTRUCTIONS, SEE BACK OF FORM		SCHEDULE	IN KIND
COMMITTEE NAME (Must be same as on Statement of Organization)		(Rev. 06/97)	
Alicia Claypool for Iowa Senate	ļ		
	Reset Form		C THIS BOX IF DING FORM

DATE RECEIVED (MM/DD/YR)	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE * (if applicable)	DESCRIPTION OF IN KIND CONTRIBUTION	ESTIMATED FAIR MARKET VALUE	√ IF FOR FUND-RAISER CONTRIBUTION
01/29/04	Freedom Fund PAC PO Box 4557 Des Moines, Ia 50306-4557		Email in support of candidate and address list	\$ 108.80	
01/23/04	David L. Claypool 5754 Gallery Ct. West des Moines, Ia 50266	Husband	paid bill at Kinko's for copying	50.99	
01/23/04	David L. Claypool 5754 Gallery Ct. West Des Moines, Ia 50266	Husband	paid bill at Best Buy for printer cartridges	56.17	
02/03/04	David L. Claypool 5754 Gallery Ct. West Des Moines, Ia 50266	Husband	paid bill at Dahl's for food for campaign workers	103.06	
01/27/04	David L. Claypool 5754 Gallery Ct. West Des Moines, Ia 50266	Husband	paid bill at Sam's Club for food for campaign workers	106.44	
01/30/04	David L. Claypool 5754 Gallery Ct. West Des Moines, Ia 50266	Husband	paid bill at Alexander's Photography for	104.94	
			SUB-TOTAL	\$ 530,40	
			TOTAL (if last	\$	ł
			page of this	530.40	
			schedule)		

*Disclosure law requires candidates to disclose the relationship of any relative making an in kind contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). (See Page 2 of forms packet.) If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

of 1 (for Schedule E)